



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
 GOVERNMENT CENTER
 14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006
 Office: 651-430-6655 TTY: 651-430-6246 FAX: 651-430-6730

Subsurface Sewage Treatment System Maintenance Permit

This section must be completed in its entirety to constitute a valid maintenance permit. This permit must be completed prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance: 5521 Reason for Maintenance: Regular
 Property Address: 12360 Ravine Circle Property Owner's Name: John Schlander
 Municipality: Stillwater ZIP: 55082 Property Identification Number: _____
 Maintenance Permit No: _____ Maintainer Name and License No. Row Sewer Service - L3309

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped <input checked="" type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input checked="" type="checkbox"/> Yes ___ No (if no provide measurements)	Liquid Level of Tank _____ in Sludge Level in Tank _____ in Scum Level in Tank _____ in $\frac{\text{Sludge} + \text{Scum}}{\text{Liquid Level}} \times 100$ = % Sludge & Scum _____ Tanks must be pumped if <u>25% or greater</u>

- Access used to remove septage: ___ Maintenance Hole ___ Other (enter authorization code)
- Were all covers securely replaced? ___ Yes ___ No
- Is there evidence of tank leakage from a septic, holding, pretreatment or pump tank below the operating depth or evidence of damaged, cracked, or structurally unsound maintenance hole covers? ___ Yes ___ No

Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No
Septic/Holding Tank #2	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No
Pretreatment Tank	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Pump Tank	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

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4. How many gallons of septage were removed?
 Tank #1 1000 gal Tank #2 1000 gal Pretreatment tank _____ gal Pump Tank _____ gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

6. Location of septage disposal: 00-0089.00 Al Pelton

Row Sewer Service
 P.O. Box 236 - 412 Bench St.
 Taylors Falls, MN 55084
 P: 651-465-5505 License Number: L3309

Maintenance activities must be reported to the Department within 90 days.

White Copy-Maintainer submits to Washington County/Yellow Copy- Maintainer Record/Pink Copy-Property Owner Record